



**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Office of Public Safety and Inspections**  
**APPLICATION FOR AUTHORIZATION TO PURCHASE**  
**ELEVATOR MEDICAL EMERGENCY KEY**

Mail to: Office of Public Safety and Inspections, Elevator Division, 1000 Washington Street,  
Suite 701, Boston, MA 02118

**INSTRUCTIONS**

To obtain an elevator medical emergency key, submit this application to Office of Public Safety and Inspections, Elevator Division, 1000 Washington Street, Suite 701, Boston, MA 02118. Illegible or incomplete applications will not be accepted. If approved, it will be returned to you with a signature indicating that you have been authorized to purchase a key. You may take the second page of the signed application to any authorized Medeco retailer to purchase a key (authorized Medeco dealers may be located at [www.medeco.com](http://www.medeco.com)).

The key may not be duplicated or transferred. Improper use or dissemination of the key may result in disciplinary action. If a key holder become unlicensed/uncertified, they must turn the key over to OPSI.

**BACKGROUND INFORMATION**

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DAYTIME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

I AM A (check one box and insert information)

☐ MA Licensed Elevator Mechanic – License # \_\_\_\_\_

☐ MA Emergency Medical Technician – Certification # \_\_\_\_\_

**ATTESTATION**

*I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT THIS FORM TO AN AUTHORIZED MEDECO RETAILER FOR THE PURCHASE OF ONE MEDECO  
ELEVATOR MEDICAL EMERGENCY KEY (Key Code #6R64142)**

**FOR OFFICE OF PUBLIC SAFETY AND INSPECTIONS USE ONLY**

In accordance with 524 CMR 17.40 (2) (c), the individual identified below is hereby authorized to purchase a Medeco elevator medical emergency key (key code #6R64142).

APPROVED BY: (Name) \_\_\_\_\_

(Signature) \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

MA ELEVATOR MECHANIC LICENSE: # \_\_\_\_\_

MA EMT CERTIFICATION: # \_\_\_\_\_

☐ APPLICANT IS CURRENTLY LICENSED/CERTIFIED

ASSIGNED KEY NUMBER: \_\_\_\_\_